CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004						
Legal Entity #	School Dist. #	School Name		County	Level			
0347	3	Manhattan Elem		16	EL			
Proposed Restric	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)							
	Complete and submit vote submitted for the electory of your rate.							
This is to certify that knowledge and believed.	t I have reviewed the integration in the integral to the integ	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my			
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular			
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently			
	ct Superintendent or		Street Address	or P.O. Box				
Printed Name of A	uthorized Official		PO Box 425 City	Z	Zip Code			
			Manhattan	5	97410425			
Title			Date					
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:			
Ap	proved Rate for FY20	004	Date Approved					
			Signature					

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0348	3	Manhattan H S		16	HS		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my		
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
Signature of Distri	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Chairperson			PO Box 425				
Printed Name of A	uthorized Official		City	Zi	p Code		
			Manhattan	59	7410425		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:		
Ар	proved Rate for FY20	04	Date Approved				
		ļ	Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0350	7	Bozeman Elem		16	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
Signature of Distri	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Chairperson			PO Box 520				
Printed Name of A	uthorized Official		City	Zi	p Code		
			Bozeman	59	771		
Title			Date	1			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004					
Legal Entity #	School Dist. #	School Name		County	Level		
0351	7	Bozeman H S		16	HS		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)							
	Complete and submit we submitted for the electory of your rate.						
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my		
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which tellowable costs have	they apply ar ve been adju	nd OMB Circular		
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is true and corrections.	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently		
	ct Superintendent or		Street Address	or P.O. Box			
Printed Name of A	uthorized Official		PO Box 520 City	Z	Zip Code		
			Bozeman	5	9771		
Title			Date				
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	ENDENT OF PUBL	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

F	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004					
Legal Entity #	School Dist. #	School Name		County	Level		
0354	J15-17	Willow Creek Elen	1	16	EL		
Proposed Restricted Indirect Cost Rate (Round to nearest hundredth (X.XX%) of a percent.)							
	Complete and submit voe submitted for the electoral of your rate.				-		
This is to certify that knowledge and beli	t I have reviewed the i ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my		
allowable in accord A-87, "Cost Princip	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	nents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular		
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are post between the expenses oplicable requirements. In the discretion will be the discretion	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently		
Signature of Distriction	ict Superintendent or	Board	Street Address	or P.O. Box			
Printed Name of A	uthorized Official		City	Z	Lip Code		
			Willow Creek	5	9760		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	004	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004					
Legal Entity #	School Dist. #	School Name		County	Level		
0355	15	Willow Creek H S		16	HS		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)							
application should	INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct.							
	ict Superintendent or		Street Address	or P.O. Box			
Printed Name of A	Authorized Official		PO Box 189 City	Z	ip Code		
			Willow Creek	5	9760		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTE	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:		
Aŗ	pproved Rate for FY20	004	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0357	20	Springhill Elem		16	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.	XX%) of a percent.)		
	Complete and submit wo be submitted for the electory or an area oval of your rate.						
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my		
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a /e been adju	nd OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Chairperson			6020 Springhill C	omm Road			
Printed Name of A	uthorized Official		City	7	Zip Code		
			Belgrade		59714		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0359	22	Cottonwood Elem		16	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Chanperson			13233 Cottonwoo	od Road			
Printed Name of A	uthorized Official		City	Zi	p Code		
			Bozeman	59	9718		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:		
Арі	proved Rate for FY20	04	Date Approved				
		ļ	Signature				

CERTIFICATION FOR INDIRECT COST RATE

Due May 31, 2004							
School Name	County	Level					
Three Forks Elem	16	EL					
e% (Round to ne	arest hundredth (X	.XX%) of a percent.)					
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
ents of the Federal award(s) to v Governments." Unallowable co	vhich they apply a	and OMB Circular					
incurred and the agreements to Further, the same costs that ha addition, similar types of costs h	which they are al ve been treated a ave been accoun	located in s indirect costs					
notified of any accounting chang	es that would affe	ect the					
rect. Board Street Add	Iress or P.O. Box						
rect. Board Street Add 212 East N	Iress or P.O. Box	X					
rect. Board Street Add 212 East N City	Iress or P.O. Box	Zip Code					
rect. Board Street Add 212 East N	Iress or P.O. Box	X					
rect. Board Street Add 212 East N City Three Fork	Iress or P.O. Box	Zip Code					
Street Add 212 East N City Three Fork Date and Budgeting ruction	lress or P.O. Box	Zip Code 59752					
Street Add 212 East N City Three Fork Date and Budgeting ruction 2501	PUBLIC INSTRU	Zip Code 59752					
	Three Forks Elem (Round to ne ith one copy of each application mentary and high school district direct cost rate proposal submit tablish the final indirect cost rate ents of the Federal award(s) to verification Governments." Unallowable cost mined Indirect Cost Allocation - roperly allocable to Federal awar incurred and the agreements to Further, the same costs that har addition, similar types of costs h	Three Forks Elem 16 (Round to nearest hundredth (X) ith one copy of each application for Indirect Cost I mentary and high school district. A copy of this company to the contract of the cont					

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0361	J-24	Three Forks H S		16	HS		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent							
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my		
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Onan person			212 East Neal				
Printed Name of A	uthorized Official		City	Z	Zip Code		
			Three Forks	5	9752		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	.IC INSTRU	CTION BY:		
Ар	proved Rate for FY20	04	Date Approved				
		ļ	Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0362	25	Pass Creek Elem		16	EL		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percentage of the control of the contr					X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my		
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
Signature of Distri	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box			
Chairperson			3747 Pass Creek	Road			
Printed Name of A	uthorized Official		City	Zi	p Code		
			Belgrade	59	9714		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:		
Ар	proved Rate for FY20	04	Date Approved				
		ļ	Signature				

CERTIFICATION FOR INDIRECT COST RATE

P	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004					
Legal Entity #	School Dist. #	School Name		County	Level		
0363	27	Monforton Elem		16	EL		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)							
	Complete and submit woe submitted for the election of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct.							
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address				
Printed Name of A	uthorized Official		6001 Monforton S		Zip Code		
			Bozeman	5	59718		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	004	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0364	35	Gallatin Gateway E	Elem	16	EL	
Proposed Restric	cted Indirect Cost Rat	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo se submitted for the electory of your rate.				-	
This is to certify that knowledge and beli	at I have reviewed the i ief:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to estance with the requirent les for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	ed in the proposal are posted in the proposal are posted between the expenses oplicable requirements. In the struction will be the s	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	ict Superintendent or		Street Address	or P.O. Box		
Printed Name of A	authorized Official		City	Z	Lip Code	
			Gallatin Gateway	, 5	9730	
Title			Date			
Send cor	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	004	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0366	41	Anderson Elem		16	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed to the	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		City		Zip Code
			Bozeman	5	59718
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	004	Date Approved		
		,	Signature		

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0367	43	LaMotte Elem		16	EL
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent					
	Complete and submit we be submitted for the elew roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the ir ief:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	hey apply ar ⁄e been adju	nd OMB Circular
casual relationship accordance with ar have not been clair and the Office of P predetermined rate	ed in the proposal are post between the expenses oplicable requirements. The med as direct costs. In the ublic Instruction will be expensed in the proposed of	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address		
Printed Name of A	Authorized Official		841 Bear Canyor City		ip Code
			Bozeman	5	9715
Title			Date		
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:
Αŗ	oproved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0368	44	Belgrade Elem		16	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular	
casual relationship to accordance with app have not been claim and the Office of Pu predetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allooen treated as in the accounted	cated in indirect costs differ consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 166			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Belgrade	59	714	
Title			Date			
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0369	44	Belgrade H S		16	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 166 City	Z	ip Code
			Belgrade	5	9714
Title			Date	1	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
		•	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0370	47	Malmborg Elem		16	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which tellowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed to the	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		375 Jackson Cre City		Zip Code
			Bozeman	5	9715
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name	County	Level		
0374	69	West Yellowstone K-12	16	K12		
Proposed Restric	cted Indirect Cost Rat	e% (Round to	nearest hundredth (X	XX%) of a percent.)		
	be submitted for the ele	vith one copy of each application ementary and high school distri				
This is to certify that knowledge and beli		ndirect cost rate proposal subn	nitted herewith and	to the best of my		
allowable in accord A-87, "Cost Princip	lance with the requirem les for State and Local	stablish the final indirect cost rate in the federal award(s) to Governments." Unallowable or mined Indirect Cost Allocation	which they apply a costs have been adj	and OMB Circular		
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	properly allocable to Federal avaincurred and the agreements Further, the same costs that I addition, similar types of costs notified of any accounting cha	to which they are a nave been treated a have been accoun	llocated in as indirect costs ted for consistently		
	regoing is true and cor ict Superintendent or	Board Street A	ddress or P.O. Bo	x		
Printed Name of A	Authorized Official	Box 460 City		Zip Code		
		West Ye	llowstone	59758		
Title		Date	<u>'</u>			
Send cor	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO	OR THE SUPERINTENDENT O	F PUBLIC INSTRU	JCTION BY:		
Ap	pproved Rate for FY20	Date App	proved			
		Signature				

CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 Ielena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0375	72	Ophir Elem	16	EL	
Proposed Restric	ted Indirect Cost Rate	e% (Round to ne	arest hundredth (X.	XX%) of a percent.)	
	oe submitted for the ele	rith one copy of each application mentary and high school district			
This is to certify tha knowledge and beli		ndirect cost rate proposal submit	ted herewith and t	o the best of my	
allowable in accord A-87, "Cost Principle	ance with the requirem les for State and Local	tablish the final indirect cost rate ents of the Federal award(s) to v Governments." Unallowable cos rmined Indirect Cost Allocation -	vhich they apply a sts have been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	roperly allocable to Federal awa incurred and the agreements to Further, the same costs that ha addition, similar types of costs hotified of any accounting chang	which they are allowed been treated as ave been account	ocated in s indirect costs ed for consistently	
	regoing is true and cor ict Superintendent or		lress or P.O. Box		
Chairperson		45465 Gall	atin Road		
Printed Name of A	uthorized Official	City	Ž	Zip Code	
		Callatin Ca	_		
		Gallatin Ga	iteway 5	59730	
Title		Date	iteway 5	59730	
	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction	teway 5	59730	
Send con	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction			
Send con	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction -2501 R THE SUPERINTENDENT OF	PUBLIC INSTRU		

CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 lelena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0376	75	Amsterdam Elem		16	EL	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory of your rate.				-	
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principl	ed in this proposal to estance with the requirement less for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the library will be the proposed in the propo	incurred and the age Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in indirect costs ed for consistently	
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address of 6360 Camp Cree			
Printed Name of A	uthorized Official		City		Zip Code	
			Manhattan	5	9741	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	004	Date Approved			
			Signature			